PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000												FUR	
CLAIMS AS FILED - PART I SMALLENTITY SMALLENTITY													
(Column 1) (Column TOTAL CLAIMS								PE C		OR	:		
L			11:					RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		B/	asic fee	355.00	OR	Basic Fee	710.00	
T	OTAL CHARGE	ABLE CLAIMS	// minus 20=		• ф			X\$ 9=		ОЯ	X\$18=		
l⊢∸	DEPENDENT C	/ minus 3 =					X40⇒		OR	X80=	80		
M	ATIPLE DEPE	NOENT CLAIM P	RESENT					+135=		1	+270=		
* If the difference in column 1 is less than zero, enter *0" in column 2							L.	OTAL		OR OR		700	
( ) Jan Claims as amended - Part II								VIAL	<u> </u>	1 <sub>OH</sub>	TOTAL	THAN	
2	9 1/05 (Column 1) (Column 2) (Column 3)							MALL I	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER . BUSLY	PRESENT EXTRA	f	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	. 10	Minus	2	<u>D</u> .	-		<b>(\$ 9=</b>		OR	X\$18=		
¥	Independent	NTATION OF ME	ATION OF AU ILTIDI E DEDENDEN		CLAUS			(40=		ÖR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=		OR.	+270=		
8-(-05 (Column 1) (Column 2) (Column 3)													
AMENDMENT B.		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 6	Minus .	- 3	20		x	\$ 9=		OR	X\$18=		
A	Independent	Independent   Minus   Minus   FIRST PRESENTATION OF MULTIPLE DEPE		emoent.			X	40=		OR	X80=		
_		The state of the	THE CE VE	C10611		لللل	1	135=		OR	+270=		
											TOTAL		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA	R		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO	Total	•	Minus	**		a	X	\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***		=	-	40=			X80=		
	FIRST PRESE		-		OR								
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **ADDIT FOR													
1	The Highest Number Previously Paid For* IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE												
ORM	PTO-875												